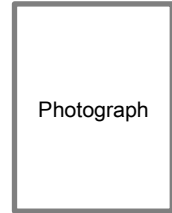


GOVERNMENT OF GOA  
**KRISHNADAS SHAMA**  
**GOA STATE CENTRAL LIBRARY**  
Patto, Panaji-Goa 403 001



**Krishnadas Shama Goa State Central Library/DFLG District Library/  
/GTL/GVL .....**

**MEMBERSHIP APPLICATION FORM**

1. Name: .....
2. Present Address: ..... PIN: .....
3. Permanent Address: ..... PIN: .....
4. Phone Nos.: .....(Mobile No.) .....
5. Date of Birth: .....
6. Profession/Designation: .....
7. Name & Address of Institution/Organisation/Office:.....  
.....
3. Nationality and Passport No. (for foreign nationals only): .....
9. E-mail ID: .....

**10. UNDERTAKING**

I, .....hereby authorise/nominate  
Shri/Smt ..... (relationship) .....

who shall claim the refund of Library deposit in my absence.

.....  
*Date: .....* *Signature of the Applicant*

**11. OFFICE USE**

- I Membership:** Reg. No. ....Date of Reg. ....  
Receipt No. .... Receipt Book No. .... Amt.....
- II Membership:** Date of Reg ..... Receipt No. ....  
Book No ..... Amt.....
- III Membership:** Date of Reg ..... Receipt No. ....  
Book No. .... Amt. ....

.....  
*Signature of Curator* *Signature of Dealing Assistant*